

## Gustavus FSEC 2026 Medical Insurance Information and Release Form

Name of Student: \_\_\_\_\_

Gender: M / F / Oth    Age: \_\_\_\_\_    Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### **Medical Insurance Information** (*in lieu of insurance, please complete next page*)

Our medical insurance holder is: \_\_\_\_\_

The policy number is: \_\_\_\_\_

The medical history listed below is complete and correct to the best of my knowledge. I hereby give permission to the physician or health care professional selected by the Gustavus Academy for Faith, Science, and Ethics Director to order x-rays, routine tests and treatment for the health of my child should he/she become injured or ill. If I cannot be reached in case of emergency, I give my permission to the selected physician or health care professional to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery for my child named above. This form may be photocopied. Please list: (*Use back of form to provide more details as needed.*)

- 1.) Any allergies which your child is subject to (foods, medications, insect bites, etc.) Does this cause anaphylaxis? Y / N
  
- 2.) Please describe the reaction and what is done to manage above allergies.
  
- 3.) Any medication which should be taken during the Academy:  
*Please note that the student will be responsible for their own prescription medications and/or over the counter medications*
  
- 4.) Any factors or chronic concerns (including medical or psychological conditions, dietary needs, or mobility restrictions) which might affect the student's participation in the Academy (What supportive health care is needed?)

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

**No Insurance Release Form** (*only for Academy Fellow without medical insurance*)

In consideration for Gustavus Adolphus College, Permitting \_\_\_\_\_, (“Academy Fellow”) A minor, residing at {Address} \_\_\_\_\_, to participate in the Gustavus Academy for Faith, Science, and Ethics including all of the physical activities involved therewith AND in consideration for Gustavus Adolphus College, agreeing to waive its requirement that all Academy participants be insured under private insurance plans, Academy Fellow, by and through Academy Fellow’s parent(s)/guardian(s), hereby remises, releases and forever discharges Gustavus Adolphus College as well as its affiliates, successors, assigns, representatives, and employees, from any and all actions causes of action, claims demands, and liabilities for, upon, or by reason of any damage, loss or injury to any person or to any property relating to Academy Fellow’s participation in the Academy and all activities pertaining thereto. The Academy Fellow, by and through Academy Fellow’s parent(s)/guardian(s), further agrees to indemnify and hold forever harmless Gustavus Adolphus College against loss from any further claims, demands or actions arising from Academy Fellow’s aforestated Academy participation that may hereafter be make or brought against Gustavus Adolphus College by any person or entity.

Print Academy Fellow’s Name

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Signature of Academy Fellow’s Parents(s)/Guardian(s)

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Date: \_\_\_\_\_

Print Name(s) of Academy Fellow’s Parents(s)/Guardian(s)

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## AWARENESS OF RISK, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT

### General Liability Waiver (for participants 17 and under)

**RELEASE & INDEMNITY:** I understand that there are inherent risks involved in any camp. I understand that in addition to the classroom environment, some supervised recreational activities will be offered that may involve limited physical activity. I also authorize Gustavus to provide transportation to and from the MSP airport for those in need of transportation and for camp related field trips. On behalf of my child and myself, I hereby waive, release and discharge, its members, officers, employees, agents and volunteers from any and all claims, liabilities and costs, including but not limited to, any injury, loss, or damage to person or property that may occur during the course of the child's involvement with the Gustavus Academy for Faith, Science, and Ethics. I agree to indemnify, defend and hold harmless the Gustavus Academy for Faith, Science, and Ethics, and its members, officers, employees, agents and volunteers, from any and all claims, liabilities and costs asserted by or on behalf of me or the child or any of our legal representatives, parents or heirs, within the scope of the release.

**IMAGE RELEASE:** I authorize and permit the child named above to be included in photographs and videos that may be used for display by Gustavus Academy for Faith, Science, and Ethics in informational and promotional publications, including the Academy's website. I understand that no reference to the name of the child will be made alongside such images without my consent and that I will not receive compensation for the use of these images.

**BEHAVIOR EXPECTATIONS:** I understand that the Gustavus Academy for Faith, Science, and Ethics expects all participants to behave in a respectful manner towards the leadership, their peers and the property of this camp. Campers who choose to act disrespectfully will receive a warning. In the event that the disrespectful behavior does not desist, I understand that I will be asked to leave camp, without refunding of payment. I also understand that some circumstances require immediate expulsion including, but not limited to, acts of extreme danger, acts of harassment of others or acts of intentional damage to property.

Though Gustavus makes every effort to ensure the safety, protection and supervision of students attending a Gustavus Program, participants must abide by College rules and regulations. Gustavus will not accept responsibility for actions or injuries to or by students incurred while violating College rules and regulations, or local, state or federal laws. The parent or guardian's signature below indicates acceptance of the above conditions.

Signature of Parent(s) or Guardian(s) Date

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Name of Parent(s) or Guardian(s):

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Student's Name:

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